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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Influence of Distension of the Abdomen on the Functions of the Heart and Lungs. Delivered at St. Mary's Hospital, London, by FRANCIS SIBSON, M.D., F.R.S., Consulting Physician to the Hospital, etc.

My subject, gentlemen, is the influence of distension of the abdomen on the functions of the heart and lungs. Since the chest is divided from the abdomen by the diaphragm, which forms the floor of one cavity and the roof of the other, the ascent or descent of that movable partition while it enlarges one cavity encroaches upon the other. When the chest enlarges, it enlarges in two directions; one outwards over its whole circumference by the expansion of the walls of the chest, the other downwards by the descent of the diaphragm. When the abdomen is enlarged, it is enlarged also in two directions; one outwards and downwards with the extension of the walls of the abdomen, the other upwards by the elevation of the diaphragm. When the abdomen is extremely distended, the whole cavity becomes oval in form, or shaped like a balloon, as you may see in this diagram; the outer part of it presses outwards, and the upper part of it presses upwards. The cage of the chest is raised by this upward movement. The whole of this wide cone formed by the upper part of the large oval abdomen, acting upon the lower ribs, forces them asunder to the right and to the left, and lifts up the whole front of

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the cage of the chest. The more important effect, however, of this distension is to lift up the heart at the centre of the chest, and the right and left lung on each side of it. When these organs are raised, as the cage of the chest in front of those organs is raised also, the apparent elevation of the heart is much less than the real elevation.

Distension of the abdomen may be caused by the distension of the stomach, the colon, and the small intestines, either singly or in conjunction; by the presence in the cavity of the abdomen of gas and of fluid; by the enlargement of the liver; and by tumours and cysts.

Swelling of the stomach and bowels with gas is caused not by the secretion of the gas from the living structures, but by its formation from the food taken into the stomach. This diagram, taken from a poor woman who literally died from starvation owing to cancer in the œsophagus, presents a perfect clinical proof of what I have said. You will observe, that there is neither gas nor food in the whole digestive canal. The stomach is like an intestine. The great intestine is smaller than a small one. The food that is in the stomach, and the food that has passed from the stomach into the intestines, are the cause and source of the gas that they contain.

The heart, as you may see in these diagrams, rests upon the stomach When the stomach is greatly swollen, the heart and the lungs, if healthy, suffer but slight inconvenience when rest is preserved; but moderate exertion, and especially quick walking, or the ascent of a hill, will often bring great distress in the region of the heart, and even actual anginal pain passing down the left arm. When, as is frequently the case, the stomach is swollen in patients affected with Bright's disease, or with affections of the aorta or of the heart, the patient has great distress of breathing even when raised in bed, but especially if he lie down or exert himself. In all these cases (diagrams) there was great distension of the stomach, and they show the serious and too often fatal contest that takes place between the enlarged organs of the chest striving to get downwards, and the distended and enlarged organs of the abdomen striving to get upwards. The functions of both the higher and lower sets of organs—the thoracic and the abdominal—are seriously interfered with; but those of the organs of the chest are more seriously and more often fatally deranged than those of the abdomen. The heart and lungs are both removed upwards from the more ample space of the middle region of the chest into the contracted area formed by the diminishing cone of the chest. The heart suffers from its inability to expand downwards, and yet as it cannot send its blood through the compressed lungs, the right cavities of the heart become gorged with blood, as you may see in these drawings. Although in all of them the stomach and intestines are large and push the heart upwards, that organ is compelled to receive into it the blood that is sent from the whole system, which blood once received into the organ cannot be sent onwards through the lungs, the lungs having an additional obstacle to their expansion and to their reception of blood by being compressed upwards, owing to the elevation of the diaphragm.

In this case (diagram) we have, perhaps, as complete an illustration of the contest as any that I can give you—the contest between the organs of the chest and the organs of the abdomen. You will observe that the aorta, which is affected with atheroma, is very greatly dilated and greatly lengthened; it has come down so low that the lower end of it is on a level with the lower end of the sternum. The consequence is, that the left ventricle and the right ventricle are pushed solidly downwards by the lengthened aorta, and the interior of the heart is itself compressed downwards by this very agency. Of course this displaces the stomach downwards. But here we have a fresh contest from below. The stomach is distended unduly with gas; so is the transverse colon; and so are the small intestines. The liver itself is gorged with blood, owing to the impossibility on its part of sending the blood forward to the right side of the heart; and, to crown all, in this case, we have effusion into the right side of the

chest, displacing the heart to the side, and interfering with its work. Can we wonder that, under this accumulation of difficulties, this man died?

Here is another similar case. The man had aortic regurgitation. He was a labourer, aged 30, with a large athletic frame and an ample chest. He complained of shortness of breath, and of pain in the chest after a meal. This man would sometimes change rapidly from a state of comfort to one of extreme distress. Thus, on the 13th of July, when in these wards, he said that he never felt better in his life; and, on the 14th, all was changed, and a frequent cough, increased beating of the heart, and difficulty of breathing, rendered it impossible for him to sleep or to remain in the recumbent posture. This attack was associated with, and apparently caused by, great fulness of the stomach from eating.

Here is the case of another patient, a carpenter, with aortic disease. He suffered five years before admission from pain in his chest, especially after eating, and, on exertion, he felt as if "something were scratching him at the back of the breastbone." When in the hospital he still suffered pain in the lower part of the chest after eating, if he walked about, but not if he sat still. Here are other drawings, in which you will see an enlarged heart—enlarged owing to mitral and other diseases—and enlarged lungs caused by the enlarged heart. In one instance, the enlargement of the lungs was supplemented by extensive pulmonary apoplexy; and, in another, the heart was adherent and the right lung was contracted owing to bygone pleurisy; while in this case, the lungs were enlarged to a very great extent by emphysema. In all these cases the stomach, and to a less degree the intestines, lifted the heart and the lungs upwards, compressed the whole of the organs of the chest within a narrow compass, and interfered with their functions. In truth, we may see that the final close to the existence of all these patients was hastened by the distension of the stomach.

Each organ holds within itself a reserved force many times greater than the amount of force that is brought into play in the ordinary and quiet demands of life; but, in proportion as those demands are increased, more and more of the reserved powers are brought into use. The lungs —I have ascertained this in my own person—possess sixteen times as much breathing power to be used during violent exertion as they employ when the body is at rest. Thus, the patient affected with aortic disease, to whom I referred, felt no discomfort in the heart after food if he sat still, for then the heart had sufficient force to do its work; but when he walked after food he felt pain in the heart, for that organ had no reserve force to resort to, and so, by making violent and undue exertion, like a wrenched muscle, it excited pain within itself—in short, angina pectoris.

In considering the treatment of this distension of the stomach that thus confines the action of the heart and lungs, I need not detain you with the well-known medicines often so serviceable on such occasions. Some of these, such as the warm and cordial tinctures, camphor, and, perhaps, chloric ether, are agreeable; some, if efficient, are repulsive, such as turpentine, assafœtida, and, perhaps, creasote; while others are neutral, such as that valuable remedy guaiacum. I have before me the case of a gardener who had mitral disease; he had, however, a complication of maladies—syphilis, subacute rheumatism, and ague. He complained of fluttering of the heart and great distension of the stomach. He was relieved by the use of turpentine and guaiacum.

Charcoal is of little or no use in these cases. Dried charcoal, owing to the immense distribution of its surface, absorbs a large amount of gas; but wet charcoal loses its subdivision. Suspend a piece of dry charcoal in the stomach, and of course it will absorb the gas. The very act of swallowing causes it to become wet; when it drops down into the stomach, it becomes more wet still, and it is clearly out of the laws of possibility for that charcoal there to absorb one cubic inch of the immense mass of gas that is in the stomach.

I wish, however, rather to bring before you the other and non-medicinal means

that may be employed for the relief of the distension of the stomach with gas. This gas, as I have said, is secreted, not by the structure of the stomach, but by the food. If you cut off the supply of food, sooner or later, when that already in the stomach has passed away, relief will be obtained. But we cannot cut off the supply of food; therefore we must select such kinds of food as give the greatest amount of nourishment, and tend to set free the least amount of gas; for, although every kind of food will produce gas when the powers of digestion are weak, yet some kinds will do it much more freely than others. My rule is simply this: Take no bread, but eat biscuits instead. Take no solid vegetables, but use lemon-juice freely. Squeeze some of it over all your food. Shun soups, cucumbers, and fruit. Prefer meat, fish, fowl, or game, tender, but perfectly fresh, lightly cooked, and juicy—not hard and dry; or take it thoroughly soft and fragrant, as sent up by the hand of the artist. Take no rich sauces, or, indeed, any other sauce, than wholesome, fresh lemon-juice or mushroom ketchup; no twice cooked, or salted, or seasoned, or dried meat. Let everything be fresh and savoury. Under this simple rule of substituting biscuit for bread and fresh lemon-juice for vegetables, relief will often be obtained from distressing symptoms indicating danger. Let the food be agreeable to the eye, fragrant to the nostril, and savoury to the palate; and, invited by these senses, the influences of the nervous system will bring those juices into the mouth and stomach that are required for the digestion of the food—juices that are attracted if the food is attractive, repelled if the food is repulsive.

The rules, however, that I have given are but a portion of the proper treatment. Each case stands upon its own grounds, and must be treated according to its own demands. In treating each case, the laws of nature must be strictly enforced. Departure from those laws has brought on the illness; and in a renewed obedience to those laws, we shall usually find the best road to restoration of health. The right treatment of disease is neither expectant nor heroic, but is a treatment founded on knowledge, a watchful interest in the patient, moderation, and good sense.

One patient had been quite well until the previous April, when, one night, after a late supper, he woke up fighting for breath and life. He raised a thin and frothy phlegm, which was stained the next day with blood. He had suffered from no such attack for a month; but he could not lie down; he was short of breath, and felt, as he said, inflated—blown out—sometimes almost ready to burst. His heart was very large, its action being powerful. There was a doubling of the first sound over the ventricles, and feeble first sound, and loud second sound over the aorta. Effusion was present in the right side of the chest. There was a mere trace of albumen in the urine, but I found in it one large waxy cast. The kidneys were the true seat of the disease. Under the influence of the restricted diet I have described, and the general treatment, he lost the distension of the stomach; he could lie down on one pillow; he had no return of the sense of suffocation; and the fluid in the right side of the chest disappeared. The condition of the heart and that of the kidneys were not materially altered.

Here is another case of a patient (represented in this little diagram) who complained of "trouble" over the region of the heart. His abdomen was swollen; the stomach displaced the lower boundary of the heart upwards, so that it was situated in the fourth space. Subsequently, under a restricted diet, the upper boundary of the stomach and the lower boundary of the heart fell almost to the extent of an inch. The heart, having gained an increase of space, lost its "trouble;" and, though he was ill in other respects, the distension of the stomach disappeared.

Another diagram that I have here shows a more marked difference in the position of the heart during the second, as compared with the first, observation made eleven days previously. This patient complained that he had pulsation through the body, and that the heart stopped for two or three beats. This state was worse after

dinner, and was accompanied by fulness in the head. The irregular action of the heart disappeared with the descent of that organ that followed upon the diminution of the size of the stomach.

The last case to which I shall refer gave me at first some anxiety from its obscurity. This patient was a fine-looking man, with a large but not overgrown frame. He was of good colour and complexion. He complained of great shortness of breath, and he had a dropsical swelling of the right lower limb. The only unhealthy condition that I could discover in his internal organs was a distension of the stomach from gas. I will allow that I felt as if there must be some other cause, but I could find none. He took a dry diet; and although a week later, the stomach was less distended, yet his right leg was still swollen, and his breathing short. He persevered, and gradually lost the shortness of breath and the swelling in the right leg, and he regained his usual good health.

Distension of the colon is illustrated in these diagrams. You will observe that, in these instances, the transverse colon is no longer transverse. In these they all form a loop from above downwards, the tip of the loop being midway between the navel and the pubes. You will also see that the ascending colon increases greatly in length, starting from its head in the crest of the ilium. You may remark, on looking at these two diagrams, that, inasmuch as the top of the ascending colon immediately abuts upon the lower surface of the liver, the elongation of the ascending colon directly elevates the liver. So, also, with regard to this double flexure of the transverse colon. In one instance, you see the loop is single, and in another the loop is double. You will see that the descending colon is not in any of these cases, except perhaps in one, very greatly distended; yet there is in all of them great distension. In this diagram, representing a back view, the descending colon is distended quite as much as the ascending and transverse are in any of the others. In another instance, you see that the liver on the right side, and the stomach and spleen on the left, are both lifted up, as it were, upon the top of the lengthened colon. You may remark in these cases that the liver rises very high; in one instance, quite into the lower end of the fourth space; and in another, as high as the third space. And you may observe how much higher the upper boundary of the right wing of the diaphragm, which is lifted up by the liver, is than the upper boundary of the left wing of the diaphragm, which is lifted up by the stomach. The result is, that in these cases we have the heart pushed over to the left side, owing to the elevation of the liver, which tends to displace the heart to the left; and while the right lung is compressed from below upwards, the left lung is encroached upon by the heart, which is pushed aside by the liver.

You will at once see, from the study of these diagrams, how seriously distension of the colon must affect the organs of the chest, not only the lungs, but also the heart, by displacing that organ to the left; whereas, in the case of the stomach, its displacement tended rather to the right.

The next set of cases that I shall bring before you are those in which the stomach, the colon, and the small intestines are all distended. In this diagram, distension of the stomach is not extreme, but there is extreme distension of the ascending, the transverse, and, I believe, the descending colon, and extreme distension of the whole of the small intestines owing to peritonitis. You will observe that this diagram shows, better than any other, the oval shape that the distended abdomen assumes. Contrast it with this one, which shows the shape of health, like a reversed sugar-loaf rounded at the top, while the other is a true type of complete abdominal distension, being a perfect oval. In this other case, where the abdomen is perfectly flaccid, you have neither the reversed sugar-cone shape of health, nor the oval of distension, but a double concavity. The centre of the abdomen is narrower than either the top or the lower part. We see here, in another diagram, the effect of immense distension upon the walls of the chest. See how these cartilages are pushed aside to the left, and those to the right, so that there is an addition of nearly

one-third to the width from side to side. Again, you may perceive that the cage of the chest is lifted up by this great oval mass below pressing upon it from below, and this will account for the remarkable fact that, although we have the heart and lungs so elevated by the diaphragm thus pushed up, yet the lower boundary of the heart is very little above the lower boundary of the sternum; the lower boundary of the lungs is very little above the position in which we often find it in a perfectly healthy body. If you look at the aorta you will see how completely that artery has been driven over to the right side. If you compare the breadth of the heart from side to side, with the length of the heart and the great vessels from below upwards, you will see that the whole organ is, in point of fact, compressed upwards. In health, as you may see in several of these instances, the apex of the heart is lower than the lower boundary of the heart behind the lower end of the sternum. In this instance, the apex of the heart has been lifted upwards and is a third of an inch higher than the lower boundary of the heart at the end of the sternum.

We find in these cases—that the heart and the lungs are put to an immense disadvantage—that the lungs are compressed and the reserved air driven out of them—that the heart is compressed and the blood driven out of it—that the ventricles are diminished in size and are incapable of receiving so much blood as they did before—that there is an obstacle to their action, and that they are incapable of sending out the blood that they have already received with the ease that they did before. Again, if you look at the walls of the chest and the diaphragm, you see what an obstacle is put to the very limbs, by which, as it were, the lungs expand and the heart is moved. The cartilages and ribs are pushed aside and lifted upwards. The cage of the chest has reached the limit of its powers by the elevation given to it, and permanently given to it, by the distension of the abdomen. Again, look at the diaphragm, lifted up by this immense distension. How can it act downwards? If the diaphragm is affected with peritonitis, the inflammation paralyzes the inflamed muscle. The whole contest is then narrowed to the smallest bounds; and the whole work of respiration must be done by the few ribs remaining unassailed at the top of the chest. In cases of peritonitis, respiration is what is very well called high. The whole of the breathing is performed by the laboured lifting up of the upper cartilages, the upper ribs, and the clavicles. All the muscles that act—the sterno-cleido, the scaleni, the levators of the ribs and the scapulæ—are hard at work, and, in spite of that, you see visibly in the face that the patient is undergoing chronic asphyxia, and must soon die unless his breathing is relieved.

Here is another case: A repetition of the other, but a little less extreme. It shows, in what I would call a rather beautiful and orderly manner, a series of tiers, one above another, the top one made by the distended stomach, the second by the circular curve of the transverse colon, and the third by the small intestines. Here is also another case, showing tier above tier in the same way, the intestines below, the transverse colon in the middle, the stomach above, and above that the heart. Here is also another, showing the intestines below, the transverse colon at the middle, and the stomach at the top, all pushing up the heart and lungs, and interfering with their work. I could show to you other cases, but these are sufficient.

The tendency of this great distension of the stomach and intestines is to push the heart directly upwards, to flatten the heart from below, and to displace it somewhat to the right side. You see in this diagram that the aorta, instead of being shielded by the sternum, lies almost entirely to the right of that bone. The pulmonary artery, on the contrary, instead of lying entirely behind the spaces, is almost entirely behind the sternum. A similar condition obtains in this other case. You see that the apex has been raised. It is nearly half an inch higher than the lower boundary of the centre of the heart, although, naturally, it ought to be half an inch lower than that lower

boundary. The position of the apex is the test of the extent to which the heart has been compressed upwards.

There are two means by which the treatment of great distension of the stomach may be met, independently of drugs; and I would say to you that when distension is extreme, drugs are worse than useless. They add, by their offensiveness, to the misery of the patient. These two modes are the insertion of the œsophageal tube into the stomach through the mouth, and the insertion into the stomach of the fine point for injecting morphia under the skin. I have the particulars of a case that occurred in this hospital—that of a man who had the most serious threatening of death in consequence of great distension of the stomach. The circumference of his chest was thirty-nine inches. We introduced the œsophageal tube, and a large quantity of gas escaped. The circumference of the chest was reduced from thirty-nine inches to thirty-seven, and for a time the man experienced perfect relief. Before this was done, he had great distress; after it, he was at ease. The relief lasted for some days. He had kidney-disease and various other serious affections; and after a time he died.

Another case, that I saw with the late Dr. Williams, of Swansea, was more fortunate. The patient had acute rheumatism of a low type. The stomach was extremely distended, and respiration was interfered with in consequence. Dr. Williams introduced the tube; a large quantity of gas escaped; the powers of respiration were restored, and gradually the patient recovered completely, lived for many years afterwards, and is, I believe, now alive. With regard to the other method—the insertion into the stomach of the fine point for injecting morphia under the skin—I have never had the opportunity of employing it, but I have been always ready to use it if required; and I believe, though I cannot put my hand on a case, that it has already been practised with advantage and success.

I now come to the question of the distension with gas owing to rupture of the intestine, one of the most formidable accidents that can occur. There are two classes of cases. In one class the distension takes place slowly, widening out the abdomen in an oval form; while in the other class the distension takes place rapidly; and, inasmuch as the muscular walls of the abdomen are the sentinels of the cavity, they do not yield, and the abdomen does not assume the oval form that it does in cases of inflammation of the intestines and stomach, with distension of those parts. The result is that the whole of the distending force is expended upwards, and the liver and stomach are elevated to an extreme degree. You may see that the top of the liver and the top of the stomach are seated just below the third cartilage, and the lower boundary of the right lung immediately behind the fourth cartilage. All the organs are pushed up into the highest part of the chest; and, as the chest is a cone narrowing from below upwards, they are pushed up into the narrowest part of the house that they inhabit. You will also see that, on the whole, the right side is more affected than the left; and thus the liver, being a large and massive organ, is pushed upwards to a greater extent than the stomach. Thus in these two diagrams the right lung is much more highly raised than the left, and the apex of the heart is much less raised in proportion than the centre of the heart at its lower boundary.

I next come to distension of the abdomen from the effusion of fluid into the cavity. I am not rich in specimens of this kind of abdominal distension, but here is a very good example, admirably drawn by our old friend the artist, Mr. Fairland. You may see here that the whole of the interstices of the abdomen—especially the backward interstices—are filled up with fluid. You may mark the intestines and the stomach floating forwards, and the liver sinking backwards. You may see how the liver, instead of, when the stomach and intestines are distended, being pushed up so as almost to thrust itself and intrude upon the heart, drops away from the diaphragm, and leaves the fluid to make the elevation. You may mark how the whole abdomen

assumes an oval form. The result is that the heart is pushed up, that the right lung is pushed up, and that the left lung is pushed up, all at about an equal pace, and you have, as the effect of all this, compression of those organs, and difficulty on their part to do their work. If those organs are at rest, and if there be neither heart disease nor lung disease nor Bright's disease, then the patient may be able to lie down, and to go through his days and nights in bed, without shortness of breath. As a rule, however, patients who have a large amount of fluid in the abdomen are compelled to sit up. And this gives you a brief explanation of the inability to breathe in a recumbent posture in many of these cases. When the patient lies down, the fluid bears at once upon the diaphragm and presses it upwards. The right lung, the left lung, and the heart are compressed, and all the difficulties of respiration are most seriously increased; but when the patient sits up, then the fluid drops downwards to the lower part of the abdomen; the pressure is removed from the diaphragm and from the heart and lungs, and respiration can go freely on.

In cases, however, where you have disease of the heart, disease of the lungs, or disease of the kidneys, unfortunately the very cases in which fluid is often thrown out into the abdomen, and the very cases in which there is distension of the stomach and intestines, the mischief done is very great, and the relief to be afforded by any slight treatment is trivial.

I have one case in which the effect of the removal of a very little fluid lets in a flood of light upon the terrible influence of distension. It is the case of a man who was in the Albert Ward. He was a labourer, aged 23. He came in with aortic and mitral regurgitation, great enlargement of the heart, and distension of the abdomen. He complained of pain about the heart and great difficulty of breathing. The urine was scanty, amounting to only twenty ounces in the twenty-four hours; and the quantity was not increased by the treatment adopted. The abdomen was greatly distended, its circumference measuring forty-one inches; and this distension was chiefly due to swelling of the stomach and intestines with gas. The quantity of fluid was not great, but it was determined to remove as much as possible. An incision was made in the skin four inches below the navel; and, to avoid the intestines, which were perilously near the surface of the abdomen, the point of the trocar was not pushed backwards, but obliquely downwards. At first, only a teaspoonful of serum flowed; but we had been prepared for this; and inserted a female catheter through the canula, and so pressed gently backward the wall of intestine that was dropping upon the end of the canula so as to stop it up. Seventy-five ounces flowed pretty quickly away through the female catheter. The measurement of the abdomen fell from forty-one to thirty-eight and a half inches. The man passed twenty-four ounces of urine that night. The next day, he could breathe with perfect ease, and he felt in comfort. The quantity passed in the twenty-four hours increased from twenty ounces to seventy-four on the second day, eighty-six on the third, and ninety on the fourth. The treatment in all other respects was absolutely unaltered. The improvement continued for a time; but at the end of three weeks the urine lessened, and the fluid in the abdomen increased. One hundred and fifty ounces were withdrawn; but, although this produced relief and some increase of urine, the patient became gradually worse, and died about five weeks afterwards. In this case, the distension of the abdomen acted, as it were, as a ligature, and prevented the secretion of urine. As soon as this ligature was removed by the withdrawal of a moderate amount of fluid, the quantity of urine increased.

I find that my time has expired; and you know my old maxim about not transgressing the allotted period. The other subjects that I had intended to bring before you were, ascites associated with cirrhosis of the liver, when its effect on the functions of the heart and lungs is comparatively trivial; ascites associated with disease of the heart, when its effect is more serious; ascites associated with

Bright's disease, when its effect is more serious still, and more difficult for the physician to combat; and the influence of enlargement of the liver upon the functions of the heart and the lungs. Pure enlargement of the liver produces very little mischief to the heart and lungs, and for this reason: if there be no distension of the intestines, the liver, owing to its bulk, drops downwards upon the intestines and compresses them; it, therefore, does not push upwards and compress the heart and lungs. But if there be enlarged intestines and a distended stomach, and fluid in the abdomen, pressing the liver upwards, then, if the liver be also large, you get, besides that accumulated series of causes of distension of the abdomen, this additional one. In these diagrams you have a fivefold series—the first made by the liver, the second by the stomach, the third by the transverse colon, the fourth by the small intestines, and the fifth by the fluid. But, if the right upper lobe of the liver be enlarged by an abscess, or a hydatid cyst, or a large cancerous mass, then the liver, ascending into the right side of the chest, forces the heart over into the left side, and compresses the right lung directly, and the left lung laterally, through the medium of the heart.

Gentlemen, I need not tell you that I have touched upon a subject, to illustrate which would require a series of practical lectures, but I shall be well rewarded if I have awakened in any of your ingenious minds the desire to study, in the mortuary and in the wards, the various causes of distension of the abdomen, and the various and often serious and even fatal results that this distension may induce on the functions of the heart and lungs. The clinical study of disease is inexhaustible. It requires knowledge, patience, skill, an increasing interest in the welfare of the patient, an increasing interest in the study of his disease, as you watch it. Clinical study is ever living, ever fresh. It brings that true power that depends on true knowledge and wisdom, to him who has diligently pursued it, and who still pursues it to the end of his career.—*Brit. Med. Journ.*, Aug. 2, 1873.

HOSPITAL NOTES AND GLEANINGS.

Malignant Disease of Kidney.—Primary cancer of the kidney is almost always of the encephaloid variety, scirrhus and epithelioma being so rare that only one or two cases have been recorded. The diagnosis of a malignant tumour of the kidney is often very perplexing, owing to the adhesions which the mass contracts with the surrounding tissue and organs, and to the great displacement of the other abdominal viscera. Frequently an examination of the colon, contrary to what is laid down in books, affords only a negative result, which is partly due to the displacement of the bowel, and partly to its compression between the tumour and the abdominal parietes. Another disputed point in primary renal cancer is the average duration of life. The assertion of some observers, and especially Walshe, that it runs a more rapid course than any other internal cancer, seems to be opposed to the evidence of a large number of cases. It has, indeed, been shown that its duration is longer than almost any other variety of internal cancer, which may be attributable to the duplicity of the organ, so that compensatory hypertrophy takes place very readily in the healthy organ when the other is disabled by disease. In the following case the classical symptoms were present—namely, hæmaturia, and a tumour in the abdomen; but even these symptoms are not absolutely diagnostic of renal cancer, for Dr. William Roberts has observed a case where profuse hæmaturia coexisted with an enormous splenic enlargement.

R. H. P——, aged four years and five months, healthy and well developed. The symptoms first noticed were pain and tenderness of the abdomen, and were attributed to worms. An ordinary worm-powder was given, and then blood was noticed in the urine, also a quantity of albumen. Upon examination a tumour was found on the left side, extending from the kidney towards the pelvis. The tumour grew rapidly, causing great distension of the abdomen. The child died six weeks after the first symptoms were noticed. Upon making a post-mortem

examination, a tumour was found occupying nearly all of the left side of the abdomen, and displacing the viscera. The liver was found much enlarged and covered with tubercles. The other organs were fairly healthy. The tumour weighed nearly two pounds, and was much like the shape of a kidney, and will be sent to the museum of the Royal College of Surgeons.—*Lancet*, July 26, 1873.

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Small Painful Tumour connected with the Internal Saphenous Vein.—Mr. R. Clement Lucas reports (*Brit. Med. Journal*, August 2, 1873) the case of A. N., aged 35, who came as an out-patient to Guy's Hospital, July 12, 1873. She complained of a small, painful swelling, situated about four inches above the inner ankle, and half an inch behind the inner margin of the tibia. This, she stated, had been first noticed at least nine years previously, and had at intervals caused her a good deal of pain. During the last two years she had often suffered intensely from throbbing, burning, and darting pains, at the site of the swelling; and it was on this account that she sought advice. The tumour was sensitive to gentle pressure, but might be firmly squeezed laterally between the finger and thumb without causing pain. When, however, it was directly pressed upon, a sensation was excited along the inner margin of the foot. It was removed by the dresser, without the aid of chloroform. The tumour was about the size of a large pea, white, firm, and opaque, with a depression on one side like a hilum, to which a small filament remained attached. Under the microscope this filament was found to consist of nerve tissue. The tumour itself was composed of fibrous tissue arranged in variously distorted coils and loops, and the vessels pervading it were seen to be surrounded by concentrically arranged fibres.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Colles's Fracture.—Dr. R. M. Hodges, in a clinical lecture on Colles's fracture, recently delivered at the Massachusetts General Hospital, stated (*Boston Med. and Surg. Journ.*, June 5, 1873), that among all the splints that have been proposed, there is none of more general usefulness than what is called, in this hospital, "a spoon splint"—a straight splint, carved to fit the dorsal aspect of the arm and hand. It extends from the elbow to the ends of the fingers, and is accompanied by an inside splint, shorter, but reaching from near the elbow to the middle of the palm. These should be as broad, or broader than the arm, and are best padded with towels. Any provision, either in the splint or the padding, intended to wedge apart and maintain the interval between the radius and ulna is useless. There is no interval at the point where this fracture occurs. The splints should be adjusted without previous bandaging of the arm, and held in place by tapes or inch-wide strips of adhesive plaster. A roller bandage is then applied, and if the tapes or adhesive strips have been properly secured, this should not be put on too firmly. Tight bandaging is a cause of synovitis in the sheaths of the tendons.

A pistol-shaped splint is occasionally used when there is much lateral displacement of the hand, but its efficiency in correcting this deformity is not very great.

Four to six weeks, according to the age of the patient, should be allowed for the wearing of splints, and the bandages should be changed as seldom as possible. If swelling and pain persist, the splints should be continued even longer than the time first named. In this hospital, most of us believe that passive motion, so long as pain and tenderness remain, only aggravates the condition it is designed to remedy.

The articular inflammation, which is frequently set up by the proximity of the injury to, or by actual implication of, the joint, is a source of stiffness which is sometimes unjustly charged to mismanagement by the surgeon. An adhesive inflammation of the sheaths of the tendons is another, and perhaps more frequent cause of stiffness. The rigid and deformed wrist and fingers, which may follow skilful treatment, must be anticipated by any one who takes upon himself

the care of this fracture, and advanced age in the patient adds to this liability. Mere deformity, however, does not interfere with the ultimate usefulness of the limb. Pains should be taken at the outset to forewarn those interested of these possible and often wholly unavoidable contingencies.

Prolonged bathing of the hand and wrist in warm water, and gentle friction with an inelegant but very useful liniment, composed of equal parts of lime-water and linseed oil, will do more to limber and soften the fingers and wrist than any passive motion, however unrelenting. It should be remembered that the flexor tendons of the fingers, both superficial and deep, run in one synovial sheath, and that any attempt to remedy stiffness in their movements can be accomplished more readily by flexing each finger separately, than by bending them altogether, as is frequently done. If there is persistent pain, which, unfortunately, often happens, even the motion produced by rubbing is best omitted until irritation has subsided. Any violence that excites inflammation is prejudicial.

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Death from Chloroform.—In the *Clinic* for August 9, it is stated, that a young and apparently healthy looking German presented himself at the office of Dr. Wm. H. Mussey, of Cincinnati, to have three or four fingers dressed, after an accident by machinery. Chloroform was administered, and before full narcosis was established the patient was seized with convulsive tremor and immediately succumbed.

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Boylston Medical Prizes.—At the meeting for 1873, of the Boylston Medical Committee, prizes of one hundred and fifty dollars each were awarded to David T. Lincoln, M.D., of Boston, for a dissertation on "Electro-Therapeutics," and to William C. Dabney, M.D., of Charlottesville, Va., for a dissertation on "The value of Chemistry to the Medical Practitioner."

The following are the questions proposed for 1874:—

1. The best method of preventing the development and spread of smallpox.

2. The development and extension of malignant disease.

Dissertations on the above subjects must be transmitted to J. B. S. Jackson, M.D., Boston, on or before the first Wednesday in April, 1874.

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Jefferson Medical College.—The Trustees of Jefferson Medical College having requested Prof. JOSEPH PANCOAST to withdraw his resignation of the Chair of Anatomy in that institution, he has complied with the request, and will accordingly discharge the duties of the chair during the ensuing session.

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University of Michigan.—The following preamble and resolutions were passed by the Board of Regents of this Institution at a late meeting:—

WHEREAS, The Legislature of the State of Michigan at its last session re-enacted the law of 1855, requiring the appointment of Homœopathic Professors in the Medical Department of the University; and whereas, it has always been claimed by the Board of Regents that the law was an infringement upon the rights and prerogatives of the Board; and whereas, the Supreme Court of the State has refused to grant a mandamus requiring the Regents to comply with the law, thereby substantially confirming their action, therefore,

Resolved, That we maintain the position heretofore taken, and decline to make the appointments required by the law.

Resolved further, That we do this in no spirit of factious opposition to the apparent will of the Legislature, but because we believe the true and best interests of the University demand it.

Resolved, That we re-affirm the former action of the Board expressing a willingness to take official charge of an independent school of Homœopathy, and connect it with the University, whenever the means shall be provided for the payment of its professors.

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Medical and Surgical History of the War of the Rebellion.—It is stated, that in many parts of the country persons anxious to consult this valuable government document are unable to obtain access to it, and that even a copy is not to be found in many of the public libraries. This

statement may seem inexplicable when it is remembered that Congress voted 3000 copies of the work, of the 5000 printed, for the use of its members; but an explanation satisfactory to many will be found in the fact, that in Washington copies are exposed for sale at prices scarcely more than nominal, and that the trade there is overstocked, and a market for the work has to be sought elsewhere.

How it happened that these copies, which are said to have cost the government $125 apiece, were not distributed among the people, as was intended, but got into the hands of Washington book-dealers, and how they are able to offer them for sale at prices vastly below the original cost, may, perhaps, be explained by honourable members of Congress.

FOREIGN INTELLIGENCE.

Nephrotomy.—Mr. CALLENDER removed, last week, a large calculus from the kidney of a woman about forty years of age. As the case is to be published in full in the *St. Bartholomew's Hospital Reports*, we give here only a short notice. The patient was admitted under Dr. Andrews, suffering from profuse pyelitis; she was very weak, and greatly emaciated. By palpation through the thin abdominal walls, a large, smooth, hard tumour could be felt in the right lumbar region. It was rather elastic, but not distinctly fluctuating, and resembled somewhat in shape a greatly enlarged kidney. It was at first thought that there might be malignant disease of this organ; but it was found that at times the tumour increased greatly in size, coming forward almost to the umbilicus, and then suddenly collapsed again. It could not be clearly proved that this partial collapse of the tumour was followed by any marked increase of pus in the urine, nor could any stone be felt when the tumour was thus diminished; but there was a distinct history of renal colic, and, after full consideration of the case, Dr. Andrews and Mr. Callender came to the conclusion that the symptoms were due to the presence of a large stone in the pelvis of the kidney, and that, as the patient was evidently sinking under the constant drain of pus, the removal of the stone by operation offered the only, though slight, chance of recovery. Mr. Callender accordingly made an incision opposite the outer edge of the quadratus lumborum, nearly as if for colotomy. On reaching the back of the tumour, a trocar was introduced, and a quantity of puriform fluid drawn off; the opening was then enlarged, and an oval calculus, nearly of the size of a hen's egg, was extracted. Its weight, taken roughly after the operation, was two ounces and a quarter. The patient rallied somewhat during the first two days, but quickly relapsed, and died on the third day. Unfortunately, no *post-mortem* examination could be obtained.—*British Medical Journal*, July 5, 1873.

Chloride of Potassium in Epilepsy.—Dr. LANDER uses (*Scalpel*, Belgium) chloride of potassium instead of bromide of potassium in epilepsy. He mentions the following advantages in the employment of the substance: It is more active, is but one-sixth of the cost, and has not the secondary effects of the bromide. He begins with small doses, but has been able to continue the use of the substance for months without any inconvenience, in daily doses of from one drachm to a drachm and a half. According to Dr. Lander, bromide of potassium is transformed into the chloride in the stomach. This is, therefore, an additional reason for prescribing it at once in this latter form.—*Lancet*, July 12, 1873.

Chloral in Puerperal Eclampsia.—M. DUGARDIN extols (*Gaz. Méd. de Paris*, Feb. 1), the good effects of chloral in puerperal eclampsia and protracted labour. He thinks that it will replace chloroform in many cases, having the advantage over this latter of being employed where we require to keep the patient for a long time under the influence of some anæsthetic. In those cases of very nervous women, where the pains during the first stage of labour are very severe, or recur very frequently, and cause much unne-

cessary suffering and waste of power, chloral acts very beneficially, diminishing the frequency and intensity, but not the efficacy of the pains—thus shortening the duration of labour and lessening the shock to the system.—*Med. Times and Gaz.*, March 15, 1873.

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On the Treatment of Gonorrhœa, and especially Gleet, by Medicated Bougies.—M. G. Lorey gives a detailed result of eighty cases of acute gonorrhœa, and of twenty cases of chronic gonorrhœa treated with Reynoal's medicated bougies at the hôpital du Midi. These bougies are made of gelatine and gum; the gelatine forms the skeleton, the central and resisting portion; and the gum, mixed with the remedial agent, is spread on the surface. They are about six inches in length, and of a diameter of about one-fifth of an inch. Their consistence varies with the temperature, more or less soft; but by dipping them in cold water they can be readily passed into the urethra without causing pain. M. Lorey has found the opiated or belladonized ones very efficacious against chordee; each one contained about three-fourths of a grain. Almost immediately after the introduction of the bougie the erection subsided, and subsequent micturition was less painful. In the first stage of acute gonorrhœa, he has obtained the following results: 1. It renders micturition painless, or comparatively so; 2. It allays or prevents chordee. But, in the second period, the belladonized sulphate of zinc bougie has not been as efficacious as anticipated. However, it presents the following advantages: 1. Its use is more simple than the injection; 2. Under certain circumstances it permits the discardure of the use of injection; 3. As they require an hour to melt in the urethra, their therapeutical action on the mucous membrane is prolonged. The observations made on sixty cases led him to arrive at the following conclusions: 1. The opiated or belladonized bougies are indicated in the first days of a gonorrhœa, to allay and prevent chordee, to render micturition painless; they have a double action; they first allay the pain, and they isolate the inflamed parietes; 2. In the second stage the sulphate of zinc, or the belladonized sulphate of zinc bougie is really efficacious, but does not appear to be much more so than analogous injections. In chronic gonorrhœa or gleet, their efficacy is unequalled by any other treatment. The twenty cases submitted to that treatment all recovered; requiring, on an average, the introduction of but nine bougies. This rapid curative action of the bougies can be readily explained by its double action; the three-fourths of a grain of sulphate of zinc contained in each has an undoubted therapeutical action on the chronically inflamed mucous membrane; moreover, they act mechanically, by remaining in contact with the diseased membrane, acting as an irritant body, modifying, by its presence, the vitality of this membrane. It might be suggested that the success of the treatment, in these cases, was due, in a great measure, to the hospital regimen, but this applies, *à fortiori*, to acute gonorrhœa. It has been objected that this bougie might induce orchitis, but its irritating action is but temporary, and necessarily modified by the belladonna; moreover, in the eighty cases treated with them, there did not occur a single case of orchitis.—*Amer. Journ. of Syphilography and Derm.*, April, 1873.

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New Means of Dilatation in Stricture of the Urethra.—It simply consists in the employment of a column of liquid about twenty metres high, established by means of a funnel, and containing about a pound and a half of water (boiled at 25° or 27° C.), and suspended above the patient's bed. An India-rubber tube (about two metres long), and provided with a cock in the middle of its length (so as to moderate or suspend the current of water), and having, at its end, a small glass pipe like an ordinary syringe, which is to be introduced into the meatus urinarius, connects the apparatus with the penis. The glass end being introduced, the cock is more or less opened at will, and slight pressure is exerted on the glans, to prevent the water from running outside. The water in the funnel is then forced down

by its own weight, and runs down drop by drop, dilating the stricture without pain, and, through its local and anti-phlogistic action, rendering the urethra pervious to sounds and bougies. The patient can, himself, apply the apparatus three or four times a day, and when it is removed the surgeon has only to make use of his sounds or bougies —*Lancet*, Aug. 2, 1873, from *Mouvement Médical*.

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New Mode of administering Cod-liver Oil.—Numerous attempts have been made to render cod-liver oil less disagreeable, either by gelatinizing or solidifying it, but only with partial success. The system of capsules seems to answer best; but the great objection is the number of these which must be swallowed. Now it would seem that Messrs. Carre and Lemoine have contrived to incorporate the oil with *bread*. Each pound of bread contains a little more than two ounces of the oil or five tablespoonfuls, and three ounces of milk. Small loaves are also made which contain only two tablespoonfuls, and which, altogether, weigh only five ounces. These loaves are beautifully white, look extremely well, and have hardly any taste. Both children and adults eat them very willingly. In M. Bouchut's ward, at the Children's Hospital, in Paris, thirty-four small loaves are brought every morning, and are looked forward to with much anxiety by the children for breakfast. They have been largely used among private patients, and no one complains of any disagreeable taste. Five or six tablespoonfuls of oil may thus be given per diem, incorporated with the bread taken with the usual food. —*Lancet*, August 2, 1873.

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Subcutaneous Injections.—Dr. Constantin Paul recommends glycerine as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, etc.; it is neutral, can be kept easily, and is, of all liquids, the one which approaches the nearest to the composition of subcutaneous cellular tissue. Glycerine is, indeed, almost a normal substance for cellulo-adipose tissues.—*Lancet*, Aug. 2, 1873.

Administration of Perchloride of Iron.—Dr. H. L. Snow states (*Brit. Med. Journ.*, June 28, 1873) that the astringent metallic taste long remaining in the mouth after the administration of tincture of the chloride of iron, the flavour of which is not very imperfectly disguised by the syrup or spiritus chloroformi with which it is usually ordered, may be altogether obviated by the substitution of a small quantity of glycerine (about half-an-ounce to an eight-ounce mixture).

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Dressing with Magnesia.—Dr. Ohleyer advocates, in *Allgemeine Med. Cent. Zeitung*, No. 47, 1873, the use of magnesia, which he has found very successful in the dressing of certain ulcers when fermentative processes retarded healing. Magnesia neutralizes the acids present, prevents the access of oxygen to the surface, and protects the granulations. The author especially applies it to (1) atonic ulcers; (2) cases in which the skin is without epidermis and in which there is danger of suppuration; (3) inflamed and painful sores; (4) wounds which require to be stimulated or to be withdrawn from the influence of air, or in which suppuration should be diminished or modified. Dr. Ohleyer has also used magnesia with good results in erysipelas of the face, as an isolating substance.—*Lancet*, July 12, 1873.

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Means of diagnosticating Lipomata.—A character peculiar to lipomata resides in the property belonging to all fatty tumours of hardening under the action of cold. When, after the use of ice or the ether spray, in the case of a doubtful tumour, the growth is felt to become harder, the presumption is that the case is one of lipoma.—*Lancet*, August 2, 1873, from *Rev. Méd. Phot. des Hôpitaux*.

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Death from Chloroform.—An old, but hitherto unrecorded, case of this was reported (*British Med. Journal*, for July 19, 1873) to the South-western branch of the British Medical Association. In the remarks which the case drew forth, two gentlemen (out of a meeting of twenty) admitted that they each had had a simi-

lar case of death from chloroform during a capital operation; but in neither of the two cases did the immediate cause of death gain publicity.

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Mortality in Parturition.—M. Ernest Besnier has given some important statistics in regard to the mortality of parturition in Paris, derived from authentic documents furnished by the director of l'assistance publique. During the first quarter of 1873 of 1656 women delivered in hospitals there were 67 deaths or 4.04 per cent. Of 616 sent by the administration to be attended by city midwives, there were 8 deaths or 1.29 per cent. Finally, of 2868 women delivered in the city by the midwives of the bureau of charities, there were 11 deaths or 0.37 per cent.—*Revue de Therapeutique*, June 15, 1873.

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On the Development of the Great Cholera Epidemics.—Dr. Tholozan, Physician to the Shah of Persia, read a paper before the Academy of Medicine, on cholera, in which he stated that India is not the sole focus of cholera, but there are other centres of irradiation, among others, Afghanistan and Turkestan.

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The Cattle Plague.—The cattle plague, it is stated (*Brit. Med. Journ.*, July 19, 1873), has broken out afresh in Russia. The Russian government has forbidden the import and export of cattle or meat, as well as all animal substances, except milk, butter, and cheese, across the infected portion.

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An International Pharmacopœia.—Dr. De Cristoforis Malachia, Physician to the Great Hospital of Milan, and M. Lodovic Zambeletti, chemist and pharmaceutist in Milan, have issued a circular to various scientific societies, notifying them that the proposal for a universal pharmacopœia will be discussed at the Medical Congress, which is to assemble in Vienna in the course of this year.

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British Medical Association.—The forty-first annual meeting of the British Medical Association was held in London, August 5, 6, 7, and 8, under the presidency of Sir William Fergusson. The meeting was the largest ever held, about three thousand members, including a number of distinguished foreigners, being present. The following addresses, in addition to the president's address and the addresses of the presidents of the sections, were delivered. Address in Medicine by Dr. Edmund Parkes; in Surgery by Mr. John Wood; and in Physiology by Dr. Burdon-Sanderson.

The next annual meeting will be held in Norwich, with Dr. Copeman as president elect.

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The Cost of Hospital Buildings.—The cost of the site for the new St. Thomas's Hospital, London, we learn from the *Lancet*, July 26, 1873, is £148,545. The total cost of the building is £383,948; that of the furniture upwards of £10,000; the total outlay being upwards of £552,000. The cost per bed is a little more than £530, with a cubic capacity of 1800 feet for each patient.

The Herbert Hospital—one of the best constructed pavilion hospitals in Europe—with a cubic capacity of 1200 feet per head, cost £320 per bed. The Lariboisière Hospital, at Paris, with a cubic capacity of nearly 1900 feet per patient, is said to have cost £440 per bed; and the expense of the Hôtel-Dieu, at Paris, now in course of erection, with a cubic capacity of 2300 feet per head, is reported to be £750 per bed if intended for 800, or as much as £1500 per bed if the number of these be reduced, as proposed, by half. Taking, therefore, the average cost of these great hospitals, the average cost per bed will be a little over £500, and the average cubic capacity 1800 feet.

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Adhesive Plaster.—According to Otto Facilides, adhesive plaster, which has become brittle by age, and has lost its adhesive qualities, may be rendered adhesive again by coating it with oil of turpentine, by means of a sponge, and leaving it exposed for a day.—*Am. Practitioner.*

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M. Littré.—We regret to learn that M. Littré, the distinguished lexicographer, is suffering from carbuncle of the chest, and, owing to his advanced age, his medical attendants are anxious as to the result.

NOW READY.

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Is likely to be extremely useful to all students, who, in taking cases, must necessarily follow a similar, if not exactly the same, mode. Nor is it only to the student that this book is likely to be of use; many practitioners will find their diagnosis all the more clear, and their ideas of the nature of their patient's illness probably much more definite, from a little attention to the logical mode of inquiry laid down in it.—*Edinburgh Medical Journal*, July, 1873.

These two extracts will give the reader a good idea of the nature of this book, and he will be ready to confess that there is really a place for just such a work. It is a book for the young practitioner, full of good instructions about making a diagnosis on little points not mentioned in regular text-books.—*Cincinnati Clinic*, Aug. 9th, 1873.

This book fills a gap in our medical text-books. We earnestly commend it to the careful study of second course students, and young practitioners. —*Detroit Rev. Med. and Pharm.*, Aug. 1873.

Quite suggestive, and a valuable help to the student as a preliminary study.—*N. Y. Medical Journal*, Aug. 1873.

SHORTLY.

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